

**Chadwick Prodromos, M.D.  
Michael Coleman v. Ghaliyah Obaisi**

IN THE UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

MICHAEL COLEMAN, )  
                        )  
Plaintiff,            )  
                        )  
vs.                    ) No. 1:16-CV-4917  
                        )  
GHALIAH OBAISI, Executor of     )  
the Estate of SALEH OBAISI,     )  
M.D.,                 )  
                        )  
Defendant.            )

The deposition of CHADWICK C. PRODROMOS,  
M.D., taken in the above-entitled cause, before  
Angela M. Ingham, a Notary Public within and for  
the County of Cook and State of Illinois, and a  
Certified Shorthand Reporter of said state, at  
1714 Milwaukee Avenue, Glenview, Illinois, on  
December 20, 2018, at the hour of 1:32 p.m.



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*Precise KRUSE*

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1 APPEARANCES:  
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11 On behalf of the Plaintiff:  
12  
13 MR. JAMES. F. MARUNA  
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20  
21 On behalf of the Defendant.  
22  
23  
24

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1 (Witness duly sworn.)  
2 CHADWICK C. PRODROMOS, M.D.,  
3 called as a witness herein, having been first duly  
4 sworn, was examined and testified as follows:  
5 EXAMINATION  
6 BY MR. FORMELLER:  
7 Q. Sir, would you state your full name,  
8 please.  
9 A. Chadwick C. Prodromos, M.D.  
10 Q. And, Dr. Prodromos, this deposition today  
11 is being taken pursuant to notice in a case  
12 involving the plaintiff, our client, a Mr. Michael  
13 Coleman.  
14 It's my understanding that you have  
15 prepared a report of consultation; and with that  
16 report, you have included your curriculum vitae, is  
17 that correct?  
18 A. The former, yes; the latter also, yes.  
19 Q. I'm going to have marked as Exhibit 1 --  
20 it's actually already marked as Exhibit 1. Doctor,  
21 I'm going to hand you the curriculum vitae. Can  
22 you tell me by looking at this curriculum vitae if  
23 this is the most up-to-date, complete, and accurate  
24 curriculum vitae that you have?

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3 BY MR. FORMELLER		38
BY MR. MARUNA		
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6 NO.	DESCRIPTION	PAGE
7 Deposition Exhibit Number		
8 1 .....		4
2 .....		5
3 .....		6
4 .....		6

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1 A. Well, it's close. I did a presentation at  
2 an international meeting a couple months ago that's  
3 not on here. That's about it, except for that.  
4 Q. But certainly the information on the first  
5 page of the curriculum vitae --  
6 A. Yes.  
7 Q. -- is accurate, is that correct?  
8 A. Yes.  
9 Q. And you may have this already in front of  
10 you, Doctor, but I'm going to mark as Exhibit 2 a  
11 copy of your report of consultation.  
12 A. Okay.  
13 (Whereupon, Prodromos Deposition  
14 Exhibit No. 2 was marked for  
15 identification.)  
16 BY MR. FORMELLER:  
17 Q. Doctor, this report of consultation that  
18 you have prepared is dated the 19th of October,  
19 2018, and it so indicates that on the last page,  
20 Page 13 of the report.  
21 Have you done any further work in  
22 consultation concerning Mr. Coleman's medical  
23 treatment or his current condition following that  
24 date in October?

2 (Pages 2 to 5)

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1	A. I reviewed my report yesterday. That's 2 about it. 3 Q. But you have not looked at any additional 4 records? 5 A. No. 6 Q. All right. On the page that's numbered 2 7 but actually the first page of text of your report, 8 Doctor, the report begins with materials reviewed, 9 and there are five items listed there. Are those 10 the only items that you have reviewed in preparing 11 this report of consultation? 12 A. Yes. 13 Q. I want to clarify if I can, Doctor, there 14 have actually been two depositions of Michael 15 Coleman taken, so let's mark this. 16 (Whereupon, Prodromos Deposition 17 Exhibit Nos. 3 and 4 were marked 18 for identification.) 19 BY MR. FORMELLER: 20 Q. I don't intend this to be a memory test, 21 but would you look at these two exhibits and see if 22 that might refresh your recollection as to which 23 deposition you looked at? 24 MR. MARUNA: Can I see a copy?		1 you if it was four, seven, or eight but something 2 like that. 3 Q. Prior to your engagement in this case, 4 when is the last time that you were engaged as an 5 expert witness on behalf of any party? 6 A. Where I gave a deposition? 7 Q. Yes. 8 A. So I'm not sure I can tell you exactly but 9 2018 once, maybe twice. 10 Q. And when you have been engaged as an 11 expert and given a deposition in those ten or so 12 times, have you ever served as an expert witness 13 for the plaintiff in any of those cases? 14 A. As an expert? 15 Q. Yes. 16 A. So the few that come to mind now have been 17 defense, but I couldn't tell you for sure. 18 Q. And of the times that you have been 19 engaged as an expert where you have given your 20 deposition, have any of those engagements been on 21 behalf of Wexford Medical? 22 A. So Wexford Medical is the company -- just 23 to be clear, is my deposition today on behalf of 24 Wexford Medical?
1	MR. FORMELLER: Sorry. 2 MR. MARUNA: No worries. 3 THE WITNESS: You asked me to look at one 4 versus the other? 5 BY MR. FORMELLER: 6 Q. Yes. 7 A. I would not know from that. 8 Q. How often, Doctor, have you served as a 9 testifying expert in cases? 10 A. By "testifying," you mean giving a 11 deposition or testifying in court? 12 Q. Both. 13 A. So in court as an expert, I think -- I'm 14 not sure, maybe once, maybe zero. I've been to 15 court a couple of times. One was as a treater, and 16 I don't remember the second. It was a long time 17 ago. 18 Q. And how many times have you offered your 19 deposition in litigation? 20 MR. MARUNA: As an expert or as a treater? 21 MR. FORMELLER: Thank you. 22 BY MR. FORMELLER: 23 Q. As an expert. 24 A. In total, less than ten. I couldn't tell		1 Q. Yes. 2 A. So I think maybe once. 3 Q. So you're aware that -- or maybe you 4 aren't but that Dr. Obaisi, who is now deceased, 5 was the medical director at the Stateville 6 Correctional Institution, correct? 7 A. Yes. 8 Q. And that he was employed there through a 9 contract but employed by Wexford Medical. You're 10 aware of that? 11 A. Yes. 12 Q. I'm going to state as a fact that we can 13 just use for the purposes of this deposition that 14 Dr. Obaisi began his tenure at Stateville 15 Correctional system in the latter half of 2012, and 16 he retained that position until he died, passed 17 away, not all that many months ago. 18 MR. MARUNA: December 2017. 19 BY MR. FORMELLER: 20 Q. Right. So in reviewing the medical 21 records that you have listed here in your report, 22 you have listed three sets essentially of medical 23 records, the Illinois Department of Corrections 24 medical records and followed by these Bates stamps,

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<p>1 the University of Illinois at Chicago Medical 2 Center records, and the Presence St. Joseph medical 3 records. Do you see that?</p> <p>4 A. I do.</p> <p>5 Q. Okay. Are you aware that Mr. Coleman has 6 continued to receive medical treatment during the 7 time, I believe, you were preparing this report and 8 afterwards at the University of Illinois Medical 9 Center?</p> <p>10 A. So I don't -- the only way I would be 11 aware of that, I suppose, is if counsel for Wexford 12 told me that, right, and I don't -- honestly I'm 13 not sure.</p> <p>14 Q. The point of my question is to determine 15 whether or not you've seen those records.</p> <p>16 A. Well, the only records I've seen are the 17 ones that are listed here.</p> <p>18 Q. In preparing for your deposition here 19 today, you mentioned earlier that you had reviewed 20 your report of consultation. Did you review 21 anything else specifically in preparation for this 22 deposition today?</p> <p>23 A. No.</p> <p>24 Q. At the end of your report of consultation,</p>	<p>1 I'm just going to go through some names to 2 determine whether or not you've spoken to any of 3 these people.</p> <p>4 Have you ever spoken to Dr. Obaisi?</p> <p>5 A. No. I've spoken to nobody. I've spoken 6 to none of those people, I can tell you 7 definitively.</p> <p>8 Q. Have you spoken to any of the physical 9 therapists he --</p> <p>10 A. No. I've spoken to one, maybe more 11 attorneys for the firm that retained me, and that's 12 it.</p> <p>13 Q. In addition to the report of consultation 14 that you have prepared and that we've marked as an 15 exhibit, have you prepared any other materials in 16 relation to your engagement in this case?</p> <p>17 A. No.</p> <p>18 Q. If we could look at your opinions, Doctor, 19 one of the words that you use in the first four 20 opinions is timing.</p> <p>21 A. Is what?</p> <p>22 Q. Timing, do you see that?</p> <p>23 A. Yes.</p> <p>24 Q. Timing and nature?</p>
<p>Page 11</p> <p>1 Doctor, on the last two pages you state a summary 2 of your opinions.</p> <p>3 A. Right.</p> <p>4 MR. MARUNA: So you're looking at Pages 12 and 5 13?</p> <p>6 MR. FORMELLER: I am.</p> <p>7 THE WITNESS: Give me two minutes.</p> <p>8 MR. MARUNA: For the record, the doctor was 9 just advised that he needed to go tend to a 10 patient, taking a short break. (Short recess was taken.)</p> <p>11 BY MR. FORMELLER:</p> <p>12 Q. On Pages 12 and 13 of your report, Doctor, 13 you have a summary of opinions, and they appear in 14 seven numbered paragraphs. Do you have any 15 opinions other than those that are stated on those 16 two pages?</p> <p>17 A. No.</p> <p>18 Q. Have you been asked to prepare any 19 opinions other than those on those two pages?</p> <p>20 A. No.</p> <p>21 Q. During your review of the medical records, 22 you have noted that Mr. Coleman has been seen by a 23 number of healthcare practitioners and doctors, and</p>	<p>Page 13</p> <p>1 A. Yes, yes.</p> <p>2 Q. To what extent is the timing of treatment 3 an important consideration for alleviating a 4 patient's symptoms?</p> <p>5 MR. MARUNA: Objection, form of the question, 6 vague. Do you want to keep that general, or can 7 you narrow it down?</p> <p>8 BY MR. FORMELLER:</p> <p>9 Q. Well, let's just read No. 1. Your first 10 opinion is that I am of the opinion that the timing 11 and nature of the treatment provided by Dr. Obaisi 12 to plaintiff's degenerative right knee condition 13 was reasonable, compassionate, and well within the 14 community standard of care. Have I read that 15 correctly?</p> <p>16 A. Yes.</p> <p>17 Q. Why did you include timing in your 18 opinion?</p> <p>19 A. Because it was my understanding from 20 talking to the counsel that retained me that part 21 of the issue in this case was the treatment had 22 been delayed causing the patient to endure, you 23 know, unnecessary, prolonged suffering so -- which 24 seemed to me to not be the case so I was trying to</p>

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<p style="text-align: right;">Page 14</p> <p>1 point out that not only did I think that he got      2 what he needed but that he got what he needed      3 without undue delay.      4 Q. Is undue delay a definable term in your      5 practice?      6 A. Well, within the standard of care, I      7 think. I mean, it's not numerically definable.      8 Q. When you were reviewing the medical      9 records that are listed in your report of      10 consultation, were you being aware and conscious of      11 the sequence of events in terms of timing?      12 A. Yes.      13 Q. Are you aware that there were instances in      14 the records where medical treatment or physical      15 therapy was delayed because of decisions made at      16 the correctional institution?      17 MR. MARUNA: Objection, foundation. Doctor,      18 over the objection.      19 THE WITNESS: So I was aware of the chronology.      20 I can't tell you with certainty that I was always      21 aware of the reasons for the chronology.      22 BY MR. FORMELLER:      23 Q. And in the first four paragraphs of your      24 opinions, Doctor, each of them addresses a</p>	<p style="text-align: right;">Page 16</p> <p>1 Q. Yes.      2 A. Or outside the prison?      3 Q. Either one. Let's do at the prison first,      4 Doctor, thank you.      5 A. Never at a prison.      6 Q. And have you seen incarcerated individuals      7 outside of the walls of the prison to provide      8 medical care?      9 A. I did surgery on one such twenty some      10 years ago. I just kind of remember. There may      11 have been another, certainly not many.      12 Q. When you were preparing your report, did      13 you prepare a separate chronology of treatment for      14 Mr. Coleman?      15 A. No --      16 MR. MARUNA: I'm going to object to the form of      17 the question, vague. Are you talking a formal      18 report, or are you talking like a doctor's      19 handwritten notes?      20 BY MR. FORMELLER:      21 Q. Let's do handwritten notes. Did you      22 prepare a chronology of treatment of Mr. Coleman      23 while you were reviewing his medical records?      24 A. I didn't -- I took notes. I didn't</p>
<p style="text-align: right;">Page 15</p> <p>1 different physical issue. The first one is the      2 right knee. The second one is the right hip. The      3 third one is the lower back, and then the fourth      4 one sort of combines all those; but you use the      5 word timing and nature in each of those opinions,      6 is that correct?      7 A. Yes.      8 Q. And when you're using the word in those      9 opinions compassionate, what is it that you're      10 trying to communicate?      11 A. It seemed to me that the tenor of the      12 complaint was that the providers or the system or      13 both were callous somewhat, and I wish to convey      14 that they seemed to me to be appropriately      15 attentive, and it's an obligation of providers to      16 be compassionate when they're taking care of      17 patients, and it appeared to me that they cared      18 about his complaints and were not callous and were      19 not ignoring them, and I thought compassionate      20 summed that up.      21 Q. Have you ever yourself provided medical      22 care to an incarcerated individual at the      23 Department of Corrections?      24 A. At the prison?</p>	<p style="text-align: right;">Page 17</p> <p>1 prepare something whose purpose and orientation was      2 specifically chronologic.      3 Q. There's also this issue in the medical      4 records and you offer an opinion on it in your      5 opinion No. 7 and that's this issue of the use of      6 crutches.      7 At one time Mr. Coleman was prescribed the      8 use of crutches following knee surgery and      9 treatment for that knee. Do you recall that in the      10 medical records?      11 A. Yes.      12 Q. And then at some point later in time, that      13 crutch or those crutches were, to use a layman's      14 term, taken away. Do you recall that?      15 A. Yes.      16 Q. So your opinion which is numbered 7 here      17 is that the absence of the crutches was not the      18 cause of Mr. Coleman's fall in 2014, is that      19 correct?      20 A. Right.      21 Q. You used the word "purported." Is that      22 because you're not sure that that fall actually      23 took place?      24 A. I'm sure that something happened. As to</p>

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<p style="text-align: right;">Page 18</p> <p>1 how much of a fall it was, it wasn't clear to me      2 that it was clear from the record.      3 Q. Throughout your review of the medical      4 records and the symptomology or complaints or      5 history that is given by Mr. Coleman, did you have      6 any sense at all or do you have an opinion that any      7 of those symptoms or complaints are fabricated?      8 A. I would not be in a position to opine that      9 anything was fabricated on Mr. Coleman's part.      10 Q. Did your review of the medical records      11 that you have listed here include your review of      12 the actual X-ray and MRI images?      13 A. No.      14 Q. So you were relying upon the reports of      15 the doctors or healthcare practitioners that took      16 those images and then reported upon them, is that      17 correct?      18 A. That's correct.      19 Q. And you have never spoken with Mr. Coleman      20 either, is that correct?      21 A. Yes, that's correct.      22 Q. Now, Doctor, taking away from this case      23 just for a moment, in your practice as an      24 orthopedic surgeon when you're seeing a patient for</p>	<p style="text-align: right;">Page 20</p> <p>1 A. Forgive me, but just to be clear he had a      2 meniscectomy.      3 Q. Yes, he did.      4 A. As opposed to meniscal repair. They're      5 often used interchangeably, but they're different,      6 so I just wanted to be clear.      7 So, again, the exam is tailored to the      8 patient. So a patient that came in and looked      9 great and had no complaints and such, it would be      10 different than someone who came in and had a fever      11 of 103, you know, and such.      12 Q. What about a patient that was complaining      13 of persistent pain in their knee postsurgery?      14 A. So I can tell you -- so you want to get      15 some flavor of what would be done in the exam for      16 such a patient? Is that your question?      17 Q. Yes.      18 A. So there's observation, looking at the      19 affected knee; and if the patient complained of      20 pain, there would be palpation. There would be      21 some measure of range of motion. There would be      22 some observation at least in my hands of ambulatory      23 capacity.      24 Q. In your review of Mr. Coleman's medical</p>
<p style="text-align: right;">Page 19</p> <p>1 the very first time, what is the typical procedure      2 or protocol you would use in your first contact      3 with that patient?      4 A. Take a history, perform a physical exam,      5 in some cases take and view X-rays.      6 Q. And what in your opinion as an orthopedic      7 surgeon is the value of the history given by the      8 patient?      9 A. Substantial.      10 Q. And let's talk about a knee examination of      11 either extremity. If a patient -- this is      12 hypothetical, Doctor. If a patient presented      13 themselves with complaints of pain in their knee,      14 what would be your typical physical examination      15 that you would administer?      16 A. There are many things that I could do, and      17 it would depend upon the patient. So the exam to      18 some extent -- the exam to some extent is tailored      19 to the history, to the age, to the gender, to the      20 habitus, and such.      21 Q. Is there a particular examination or      22 physical protocol that you would do seeing a      23 patient post-arthroscopic surgery for meniscus      24 repair?</p>	<p style="text-align: right;">Page 21</p> <p>1 records, is it your opinion that all of the      2 treatment that was prescribed to him was      3 appropriate and met the standard of care in the      4 community?      5 A. Yes.      6 Q. In your review of those medical records,      7 is there anything that you would have prescribed      8 differently for medical treatment for Mr. Coleman      9 that the attending physicians who were taking care      10 of him did not do?      11 A. I don't know that I can answer that      12 exactly. I thought that their care was reasonable.      13 Different providers provide differences in care,      14 you know, in minor ways and less minor ways based      15 on custom and practice and such.      16 Q. Again, in your review of the medical      17 records, periodically Mr. Coleman was prescribed      18 physical therapy. Do you recall that in the      19 medical records?      20 A. Yes.      21 Q. What generally is the purpose of physical      22 therapy for a patient presenting the types of      23 symptoms that Mr. Coleman was presenting?      24 A. Actually there's some variability.</p>

6 ( Pages 18 to 21 )

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<p style="text-align: right;">Page 22</p> <p>1 Physical therapy can provide strengthening and      2 stretching for range of motion. There can be      3 modalities such as ultrasound and muscle      4 stimulation for mitigation of symptoms.      5 There can be gait training. There can be      6 instruction in activities of daily living.      7 Sometimes there can be other techniques that a      8 therapist will use, and they have deep tissue      9 massage, that kind of thing.      10 Q. So, Doctor, in November of 2014 -- and      11 this is in relation to your opinion numbered 7. In      12 November of 2014, Mr. Coleman was brought to the      13 medical facility at the correctional institution      14 stating that he was coming down the stairs when he      15 fell and that he was in acute distress at that      16 time. Do you recall that?      17 MR. MARUNA: Objection, foundation, isn't what      18 the record says. Over the objection.      19 THE WITNESS: I don't know that I caught every      20 word of what you just said, but I know that there      21 was some kind of a fall.      22 MR. MARUNA: Do you want to show the record?      23 MR. FORMELLER: I'm sorry?      24 MR. MARUNA: I've got the record if you want to</p>	<p style="text-align: right;">Page 24</p> <p>1 BY MR. FORMELLER:      2 Q. And then you go on to say on Page 6, which      3 counsel referred to, thus it is generally much      4 safer to go up and down stairs without crutches and      5 holding onto the rail for support, do you see that?      6 A. Yes.      7 Q. And that's your opinion, is that correct?      8 A. Yes.      9 Q. I would like to go back and ask you a few      10 more questions about physical therapy and the use      11 of physical therapy for rehabilitative purposes      12 here.      13 Can there be a detrimental effect,      14 hypothetical again -- let me strike that and start      15 over again.      16 Hypothetically, Doctor, if a patient      17 presents themselves in need of physical therapy and      18 in your opinion it's warranted but there's a delay      19 in the administration of that physical therapy, can      20 that delay have a detrimental effect on the      21 patient's recovery and the prolonging of that      22 patient's pain?      23 MR. MARUNA: Objection, form of the question,      24 incomplete hypothetical. Over the objections,</p>
<p style="text-align: right;">Page 23</p> <p>1 show it to the doctor if you're going to ask about      2 it.      3 MR. FORMELLER: I'm reading a summary of it.      4 MR. MARUNA: Sure.      5 MR. FORMELLER: But I'm perfectly willing for      6 him to look at it if he needs it.      7 BY MR. FORMELLER:      8 Q. Do you know the circumstances under which      9 that fall took place?      10 A. Well, he was on stairs and his knee gave      11 way and he fell is my understanding.      12 Q. Do you know if he had a crutch or crutches      13 or not at that time?      14 A. I mean, I would have to look to recall,      15 which I can do. I think I have it in here      16 someplace. Is this November?      17 Q. November 10th of 2014.      18 A. Or maybe you can tell me.      19 MR. MARUNA: Doctor, to speed this along, I      20 think it's on Page 6 where you talk about the      21 November appointment.      22 THE WITNESS: Right. So he was using crutches      23 when he fell, I think.      24</p>	<p style="text-align: right;">Page 25</p> <p>1 Doctor, you can answer.      2 THE WITNESS: Yes, with all due respect,      3 counselor, that's -- it's such a broadly worded      4 hypothetical that I suppose one could certainly      5 hypothesize some kind of a situation where that      6 would be true, but that's a tough question to      7 answer.      8 BY MR. FORMELLER:      9 Q. So as an example, he was seen      10 orthopedically in August of 2015 and physical      11 therapy was prescribed; but for a number of      12 reasons, no physical therapy took place during the      13 month of August or during the month of September.      14 Would a delay of that month and a half or so have a      15 detrimental effect on a patient with Mr. Coleman's      16 symptoms?      17 A. You know, his symptoms depend on his      18 pathology and his prior treatment, so depends on      19 what you mean by "detrimental." Basically not      20 really. If you wanted to hypothesize a worst case      21 for requested physical therapy being delayed, it      22 could be, but would not necessarily be, that his      23 recovery of strength might be a little prolonged;      24 but I can tell you that physical therapy is a</p>

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<p style="text-align: right;">Page 26</p> <p>1 two-edged sword, and people can be made more sore      2 and worse by physical therapy as well. So do I      3 think it was any significant obstacle to his      4 recovery that it was apparently delayed, no.      5 Q. And similarly, would it have had any      6 impact on either the nature, extent, or duration of      7 the pain he was complaining of?      8 A. So, again, in general, no. You know,      9 people are so different that -- so the physical      10 therapy actually tends to increase pain. Physical      11 therapy is often kind of painful and in many such      12 cases, I think, is not useful to do at all because      13 it's such a two-edged sword.      14 Now there are cases, where as I mentioned      15 earlier, that a therapist will use -- for patients      16 in a lot of pain will used EGS muscle stimulation      17 or ultrasound to kind of try to mitigate pain; but      18 the purpose of the therapy, the primary purpose of      19 the therapy in a case like this, is not to mitigate      20 pain.      21 Q. So leaving the hypothetical and going back      22 to Mr. Coleman, it is true, is it not, Doctor, that      23 physical therapy was prescribed by orthopedists,      24 orthopedic surgeons for Mr. Coleman?</p>	<p style="text-align: right;">Page 28</p> <p>1 anything better than what you had to look at,      2 Doctor. I'm looking at the notes of a Dr. Matthew      3 Marcus on May 4, 2016, where Dr. Marcus says the      4 MRI shows a small gluteus medius tear of the right      5 hip. In the right knee there's some cartilage wear      6 but no meniscal injury.      7 The note goes on to say we gave him      8 injections of the right knee and the right greater      9 trochanter. We also told him to get X-rays of the      10 hip, pelvis, and knee on his way out. Patient was      11 given prescription for physical therapy and told to      12 follow up in one year.      13 I'm reading directly from the doctor's      14 notes, so I don't have anything more than that to      15 ask you about; but do you have any knowledge or      16 understanding on what that physical therapy was      17 that was prescribed?      18 A. In general. Do I have any direct      19 knowledge? No. I would have to see the      20 prescription. And, as I said, often a provider      21 will put evaluate and treat, and some providers are      22 very specific. Without seeing what was prescribed,      23 I wouldn't be able to opine.      24 Q. Are you aware, Doctor, that in 2017 the</p>
<p style="text-align: right;">Page 27</p> <p>1 A. I don't recall exactly but probably if you      2 say so.      3 Q. And do you know what the nature and extent      4 of that physical therapy is because obviously there      5 are many different types?      6 A. You know, I don't. Sometimes people just      7 say evaluate and treat. Sometimes they're more      8 specific.      9 Q. And do you know what the purpose of that      10 physical therapy was for Mr. Coleman?      11 A. So, again, there's great variability among      12 even orthopedic surgeons as to what they prescribe,      13 when they prescribe it, whether they prescribe it      14 at all. So -- and often is modified by the      15 therapist.      16 You know, for example, if you're sent to      17 somebody -- the therapist will generally work on      18 increasing range of motion and increasing strength;      19 and if a patient is having pain, sometimes the      20 therapist on their own will provide muscle      21 stimulation or ultrasound or massage, something      22 like that, but it's fluid. It's fluid and it's      23 variable.      24 Q. So as an example -- and now I don't have</p>	<p style="text-align: right;">Page 29</p> <p>1 same doctor, Dr. Matthew Marcus, referred      2 Mr. Coleman for nonoperative pain management?      3 A. You know, I'll take your word for it. I      4 don't remember every passage from the medical      5 record.      6 MR. MARUNA: It's on Page 9 of the report, I      7 think.      8 THE WITNESS: Is there still a question pending      9 about pain management, or was that a question?      10 BY MR. FORMELLER:      11 Q. My question is, were you aware that      12 Dr. Marcus had referred Mr. Coleman for pain      13 management in 2017?      14 A. Counselor said that it's on Page 9, is      15 that right? I don't see it. Where is it on      16 Page 9, please?      17 Q. It's at the bottom of Page 9 and carried      18 over to the very top of Page 10, Doctor. Because      19 I'm not trying very hard to confuse you at all, the      20 sentence that you have at the top of Page 10 on the      21 course of nonoperative treatment, that's what that      22 was. It was a referral for pain management.      23 A. Under discussion?      24 MR. MARUNA: Right at the top.</p>

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<p style="text-align: right;">Page 30</p> <p>1 BY MR. FORMELLER:</p> <p>2 Q. Right at the very top where it says I 3 concur with Dr. Marcus' recommended course of 4 nonoperative treatment. The nonoperative treatment 5 was a referral for pain management.</p> <p>6 A. I see.</p> <p>7 Q. Which is the note that I read you before.</p> <p>8 A. Got it. So your question to me is, was I 9 aware that Dr. Marcus referred him for pain 10 management?</p> <p>11 Q. Correct.</p> <p>12 A. You know, again, I know that a lot of 13 people tried a lot of things to help him. I can't 14 say that I remember that specific referral without 15 looking at the record.</p> <p>16 Q. Doctor, in your own practice, either a 17 pre- or postsurgical, have you in your own 18 experience referred patients for pain management?</p> <p>19 A. For a knee arthroscopy?</p> <p>20 Q. Yes.</p> <p>21 A. No. And if we're talking -- so to be 22 clear, and let me specify, referring for pain 23 management circa current medicine typically means 24 referral to a pain clinic.</p>	<p style="text-align: right;">Page 32</p> <p>1 though.</p> <p>2 Q. All right. And, again, I don't have much 3 to offer you to fill that out other than he was 4 referred to a Dr. Khalid Malik at the pain clinic 5 at the University of Illinois for treatment.</p> <p>6 A. Okay. So that's that kind of thing.</p> <p>7 Q. Including and up to October of 2018. But 8 I think you've already testified you've not seen 9 those records.</p> <p>10 A. Correct.</p> <p>11 Q. Okay. I'm skipping around here because 12 I'm trying to be expeditious, Doctor; but on Page 9 13 of your report that you were just looking at but in 14 the middle of the page, I'm referring to the 15 September 28, 2016, paragraph. The last sentence 16 of that paragraph says complying with the 17 recommended course of physical therapy would have 18 offered the potential for improvement of his 19 condition.</p> <p>20 Do you recall on what you're basing that 21 conclusion or opinion?</p> <p>22 A. Well, that's kind of a general statement 23 that physical therapy is potentially efficacious so 24 it would -- if you have a -- you know, a patient</p>
<p style="text-align: right;">Page 31</p> <p>1 Now you can be referred to physical 2 therapy for pain management, although that's not 3 the primary thing that they do; but, as I 4 mentioned, sometimes there are things they can do 5 that are symptom mitigating.</p> <p>6 But if you're referring somebody for -- 7 generally if you're referring somebody for pain 8 management, they're being referred for medications 9 or injections either by a pain specialist, which 10 these days is often an anesthesiologist or a 11 physical medicine and rehabilitation doctor; or 12 possibly, I suppose, another doctor could try to do 13 that.</p> <p>14 So I don't think it's unreasonable to try 15 to do it; and, as I said, it seems to me they were 16 trying any way they could to help him or provide 17 something that would help.</p> <p>18 But in my practice, I don't -- there 19 are -- again, it's just so broad based. It depends 20 what you mean by pain management. Often pain 21 management, again, is injections, epidurals, 22 narcotics, drugs like that. So that's something 23 that I do virtually never, if not absolutely never. 24 I don't know for sure that that's what they meant,</p>	<p style="text-align: right;">Page 33</p> <p>1 like him would have the potential to get better, 2 not to say they would, but physical therapy would 3 certainly offer the potential for improvement.</p> <p>4 Q. You'll need to help me here. You use the 5 acronym NSAID in several places in your report. 6 What is that?</p> <p>7 A. So I should have written that out. That 8 stands for nonsteroidal anti-inflammatory drug.</p> <p>9 Q. You also state in your report -- I'm now 10 on Page 12 of your report, Doctor, and I'm back to 11 the issue of crutches that in addition, I'm 12 reading, using crutches when they are not needed 13 also contributes to muscle atrophy which can worsen 14 the knee and can also contribute to falling as 15 previously mentioned.</p> <p>16 Do you recall seeing anywhere in the 17 medical records any evidence of muscle atrophy for 18 Mr. Coleman?</p> <p>19 A. Again, I would have to look at the record. 20 There's -- you know, there's always -- almost 21 always some but the presence or absence of atrophy 22 in his case wouldn't really have bearing on that 23 sentence that you just read.</p> <p>24 Q. I'm going to change the language of one of</p>

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<p>1 your opinions. Is it your opinion, Doctor, that      2 any delays in treatment that Mr. Coleman would have      3 experienced would not have a detrimental effect on      4 his present condition?</p> <p>5 A. What do you mean by "present condition"?</p> <p>6 Q. The condition he presents himself with      7 here today in 2018.</p> <p>8 MR. MARUNA: Can you define what that is?</p> <p>9 BY MR. FORMELLER:</p> <p>10 Q. Sure. Let's start with the knee, the      11 right knee.</p> <p>12 A. So if treatment was delayed, for example,      13 the physical therapy?</p> <p>14 Q. Correct.</p> <p>15 A. Would that have made him worse today than      16 he otherwise would have been?</p> <p>17 Q. Yes, sir.</p> <p>18 A. You know, in a general way, no, I don't      19 think it would have. You know, you can maybe argue      20 around the edges. I don't know that doing a little      21 more strengthening a little earlier might have      22 given him a little more strength, although      23 sometimes increased strength causes increased pain.      24 So it's complicated. You see there are</p>	<p>1 BY MR. FORMELLER:      2 Q. Because the medical records that we have      3 from the University of Illinois continue to state      4 that Mr. Coleman is experiencing right knee pain.      5 A. Okay. So if by status you mean pain, is      6 that --      7 Q. Yes.      8 A. Okay. So you're saying could a delay in      9 treatment, perhaps the physical therapy, have      10 resulted in him having increased pain currently?      11 Q. Yes.      12 MR. MARUNA: Objection, form of the question,      13 calls for speculation.      14 MR. FORMELLER: The doctor phrased the      15 question; I didn't.      16 MR. MARUNA: Doctor, you can answer over the      17 objections.      18 THE WITNESS: I'm trying to help you out.      19 Maybe I shouldn't do that.      20 BY MR. FORMELLER:      21 Q. No, that's quite all right.      22 A. You know, in general, no. I'm trying to      23 think of a circumstance in which physical therapy      24 being given on a delayed basis or not given at all</p>
<p style="text-align: center;">Page 35</p> <p>1 multiple things that one is looking at. There's      2 pain. There's function. There are measurable      3 parameters like strength in motion, and they don't      4 always trend together.      5 In fact, I'm very leery of physical      6 therapy. In fact, I often don't prescribe physical      7 therapy at all for patients like this because      8 physical therapy is often used to increase strength      9 but often at the cost of increasing pain actually,      10 you know? So when you're talking about a person's      11 status, it has to be kind of, you know, defined      12 what parameter you're looking at.      13 Q. Would a physical examination currently of      14 Mr. Coleman add clarity to that opinion?      15 MR. MARUNA: Objection, foundation, calls for      16 speculation.      17 THE WITNESS: I actually kind of thought that I      18 didn't really offer an opinion so much as a      19 disclaimer as to why a model of the answer to the      20 question maybe couldn't be given, you know, because      21 I was saying you would have to define -- your      22 question concerns his current status and what I      23 attempted to say was that the -- what one is      24 looking at with status has to be defined.</p>	<p style="text-align: center;">Page 37</p> <p>1 would result in his knee hurting more today; and,      2 you know, in general it just wouldn't.      3 Q. The same inquiry or the same question as      4 it relates to his complaints about his hip.      5 A. Same answer, maybe more so.      6 Q. And then finally the last physical issue      7 is his lower back and issues that he presents and      8 complains about concerning his lower back.      9 A. I think it's unlikely that any of those      10 conditions would be made worse by delayed therapy.      11 For low back there are things that can be done more      12 so than for the hip and the knee like ultrasound      13 that can make you feel better for a little bit.      14 Q. So, Doctor, when you include in your      15 answers the words generally, I think I understand      16 what that means certainly in layman's terms, but      17 does that also give us the connotation that that      18 isn't always the case?      19 A. Actually, you know, we're kind of trying      20 not to be absolute, right? So I really can't give      21 an absolute answer that for every patient and any      22 circumstance it wouldn't apply, and I was trying to      23 sit here and think if there's a reasonable      24 scenario, so that's why I tried to use the word</p>

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<p style="text-align: right;">Page 38</p> <p>1 "generally." It generally wouldn't matter. There      2 might be some patient somewhere where it would in      3 some particular circumstance.      4 Q. I may have asked you this, so I beg your      5 forgiveness. You've not actually seen or treated      6 Mr. Coleman, have you?      7 A. That is correct. Forgive me.      8 Q. Sure.      9 MR. MARUNA: Doctor is going to check on a      10 patient. We'll go off for a second.      11 (Short recess was taken.)      12 MR. FORMELLER: I have concluded my      13 examination.      14 EXAMINATION      15 BY MR. MARUNA:      16 Q. Just a few followup here real quick,      17 Doctor, and we'll get you out.      18 Counsel asked you some questions earlier      19 about some of the security procedures in the      20 prison. You're not familiar with security      21 procedures at Stateville Correctional Center,      22 correct?      23 A. No.      24 Q. You're okay with the timing of the</p>	<p style="text-align: right;">Page 40</p> <p>1 presented.      2 A. Second sentence?      3 Q. Yes, during this evaluation?      4 A. So I've read that sentence.      5 Q. Sure. You've already summarized it. What      6 did Mr. Coleman do on September 28th regarding      7 physical therapy?      8 A. He apparently -- it had, I guess, been      9 scheduled for him and he didn't want to do it, or      10 he refused the treatment.      11 Q. So therapy was offered and the patient      12 refused the physical therapy, correct?      13 A. Yes.      14 Q. I want to jump to your opinions real      15 quick, and we'll get you out of here.      16 Opinion 1, you're of the opinion that the      17 timing and nature of the treatment provided by      18 Dr. Obaisi of the plaintiff's degenerative right      19 knee condition was reasonable, compassionate, and      20 well within this community standard of care,      21 correct?      22 A. Yes.      23 Q. Opinion 2, I am of the opinion that the      24 timing and nature of the treatment provided by</p>
<p style="text-align: right;">Page 39</p> <p>1 treatment here from an orthopedic standpoint, is      2 that correct?      3 A. Yes.      4 Q. Your use of the word "purported" in      5 opinion No. 7, I just want to clarify your      6 testimony there. Is that because the report of the      7 fall was coming from a subjective portion of a      8 patient note, and that's why you put the word      9 "purported" in place?      10 A. So it's a juxtaposition, the use of the      11 word "fall," too. I just -- I mean, I have no      12 reason to doubt the patient but it wasn't clear to      13 me how much -- so a fall down the stairs meaning      14 head over heels versus it gives way a little, I      15 couldn't tell, with regard to what fall might      16 connote.      17 Q. Counsel asked you about the September 2016      18 physical therapy consult on Page 9 of your report,      19 if I could direct you to that.      20 A. Yes.      21 Q. Second sentence during this evaluation,      22 can you just read that for us?      23 A. Which paragraph?      24 Q. On September 28, 2016, plaintiff</p>	<p style="text-align: right;">Page 41</p> <p>1 Dr. Obaisi to the plaintiff's right hip condition      2 was reasonable, compassionate, and well within the      3 community standard of care, correct?      4 A. Yes.      5 Q. Opinion 3, I am of the opinion that the      6 timing and nature of the treatment provided by      7 Dr. Obaisi of the plaintiff's degenerative lower      8 back condition was reasonable, compassionate, and      9 well within the community standard of care,      10 correct?      11 A. Yes.      12 Q. 4, I am of the opinion that the timing of      13 Dr. Obaisi's referrals for orthopedic surgical      14 evaluation for Mr. Coleman's right knee, right hip,      15 and lower back conditions was reasonable,      16 compassionate, and well within the community      17 standard of care, correct?      18 A. Yes.      19 Q. 5, I am of the opinion that it was not      20 clinically indicated for plaintiff to use crutches      21 after October 22, 2014, correct?      22 A. Yes.      23 Q. 6, I am of the opinion that Dr. Obaisi's      24 decision to discontinue Mr. Coleman's crutches on</p>

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<p style="text-align: right;">Page 42</p> <p>1   October 22, 2014, was reasonable and well within      2   the community standard of care, correct?      3   A. Yes.      4   Q. 7, I am of the opinion that not having      5   crutches was not the cause of Mr. Coleman's      6   purported November 2014 fall down the stairs,      7   correct?      8   A. Correct.      9   Q. All of those opinions, Doctor, are to a      10   reasonable degree of medical certainty, correct?      11   A. Yes.      12   Q. The basis is your review of the      13   aforementioned records in your report, pleadings,      14   as well as your education, experience, training,      15   and knowledge, correct?      16   A. Yes.      17   Q. And you hold those opinions as you sit      18   here today, correct?      19   A. Yes.      20   Q. Any of the additional information that      21   counsel talked to you about today regarding records      22   that -- or the treatment since the records that you      23   reviewed has not changed any of the opinions we      24   just discussed, correct?</p>	<p style="text-align: right;">Page 44</p> <p>1   STATE OF ILLINOIS )      2   ) SS:      3   COUNTY OF COOK )      4   I, ANGELA M. INGHAM, a Notary Public      5   within and for the County of Cook, State of      6   Illinois, and a Certified Shorthand Reporter of      7   said state, do hereby certify that heretofore,      8   to-wit, on the 20th day of December, 2018,      9   CHADWICK C. PRODROMOS, M.D., personally appeared      10   before me at 1714 Milwaukee Avenue, in the City of      11   Glenview, in the County of Cook and State of      12   Illinois, a witness in a certain cause now pending      13   and undetermined in the United States District      14   Court, Northern District of Illinois, Eastern      15   Division, wherein Michael Coleman is the plaintiff      16   and Ghaliyah Obaisi, Executor of the Estate of Saleh      17   Obaisi, M.D., is the defendant.      18   I further certify that the said witness      19   was first duly sworn to testify the truth, the      20   whole and nothing but the truth in the cause      21   aforesaid; that the testimony then given by said      22   witness was reported stenographically by me, in the      23   presence of said witness, and afterwards reduced to      24   typewriting by Computer-Aided Transcription, and      the foregoing is a true and correct transcript of</p>
<p style="text-align: right;">Page 43</p> <p>1   A. Correct.      2   Q. Nothing further. Thank you, Doctor.      3   MR. FORMELLER: Signature?      4   MR. MARUNA: Waive.      5   MS. REPORTER: Are you going to order the      6   transcript?      7   MR. FORMELLER: Let's hold on, see what the      8   judge does. Let's hold off on it.      9   FURTHER DEPONENT SAITH NOT      10      11      12      13      14      15      16      17      18      19      20      21      22      23      24</p>	<p style="text-align: right;">Page 45</p> <p>1   the testimony so given by said witness as      2   aforesaid.      3   I further certify that the signature of      4   the witness to the foregoing deposition was waived      5   by agreement of counsel for the respective parties;      6   and that I am not counsel for nor in any way      7   related to any of the parties to this suit, nor am      8   I any way interested in the outcome thereof.      9   In witness whereof, I have hereunto set my      10   hand this 15th day of May, 2019.       11      12</p> <p style="text-align: right;">Notary Public, Cook County, Illinois      C.S.R. License No. 084-002984      13      14      15      16      17      18      19      20      21      22      23      24</p>

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